

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000831**

1. Entity Name
SKINK TECHNOLOGIES, L.C.

FILED

00 JAN 12 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~3370 CAPITAL CIRCLE, N.E.~~
~~SUITE 4~~
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 14369
TALLAHASSEE FL 32317-4369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2526 Killarney Way
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number **59-3438538**

Applied For
Not Applicable

Zip Country
32308 USA

Zip Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMM, BRUCE
~~3370 CAPITAL CIRCLE, N.E.~~
~~SUITE 4~~
TALLAHASSEE FL 32308

Name
Street Address (P.O. Box Number is Not Acceptable)
2526 Killarney Way
City **Tallahassee** **FL** Zip Code **32308**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
TIMM, BRUCE B
STREET ADDRESS ~~3370 CAPITAL CIRCLE, N.E., SUITE 4~~
CITY- ST- ZIP ~~TALLAHASSEE FL 32308~~

TITLE NAME ☒ Change ☐ Addition
2526 Killarney Way
STREET ADDRESS **Tallahassee, FL 32308**
CITY- ST- ZIP

TITLE NAME ☐ Delete
MGRM
LANGSTON, D. LANCE
STREET ADDRESS ~~611 SHORT STREET~~
CITY- ST- ZIP ~~TALLAHASSEE FL 32308~~

TITLE NAME ☒ Change ☐ Addition
303 DeSoto Street
STREET ADDRESS **Tallahassee, FL 32301**
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
500003104185--3
STREET ADDRESS **-01/20/00--01038--014**
CITY- ST- ZIP *******50.00 *****50.00**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01-05-00 850-894-0515
Date Daytime Phone #

CP2E083 (9/99)